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REIMBURSEMENT OF PAYMENTS FOR RESEARCH/EDUCATION EXPENDITURES

To: Biomedical Research Institute of New Mexico

Date:

Please remit payment in the amount of \$ _____ :

Payable to:
(Must attach original receipts)

Date of Purchase:

Full and Complete Justification (Or attach statement if more space is required):

Please charge these expenses to my BRINM research/education account #:

I certify that this expenditure was necessary to support my VA approved research project or activity.

Principal Investigator Signature

Contact Information: